

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>101089208</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3	1			1			
4	3			1			
5	1			1			
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50							
<b>TOTAL IND.</b>			1				
<b>TOTAL DEP.</b>	10	←	4	←			↓
<b>TOTAL CLAIMS</b>	7	████████	5	████████			████████

  

CLAIMS					
	IND.		DEP.		
	IND.	DEP.	IND.	DEP.	
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100					
<b>TOTAL IND.</b>			1		
<b>TOTAL DEP.</b>		←	1	←	
<b>TOTAL CLAIMS</b>	7	████████	5	████████	████████